Question 2

What are the patterns of service utilization of HIV-infected people?

Utilization Pattern of HIV Infected Persons

The purpose of the Indiana AIDS Drug Assistance Plan (ADAP) is to assist persons who have tested positive for HIV to access certain approved drugs. ADAP pays for certain FDA approved therapeutic drugs through participating pharmacies.

The Health Insurance Assistance Plan (HIAP) program provides a complete health care benefit program, which includes coverage for non-HIV related illnesses and injuries. This program purchases comprehensive health insurance policies for eligible individuals through the Indiana Comprehensive Health Insurance Association (ICHIA). HIAP also covers the cost of any co-insurance and deductibles. There is a three-month waiting period for "pre-existing conditions", including HIV/AIDS. HIAP enables HIV-infected residents of Indiana to obtain insurance, allowing them to maintain their independence, return to the workforce if they desire, and improve their quality of life.

ADAP, HIAP, and the Early Intervention Plan (EIP) are funded by a grant from the Indiana State Department of Health (ISDH) through Title II of the Ryan White CARE Act and State AIDS dollars. Services can be obtained by contacting one of the fourteen Standard Care Coordination sites located regionally throughout the state. On July 1, 2004 the number of Standard Care Coordination sites was reduced from currently fourteen to thirteen in the state.

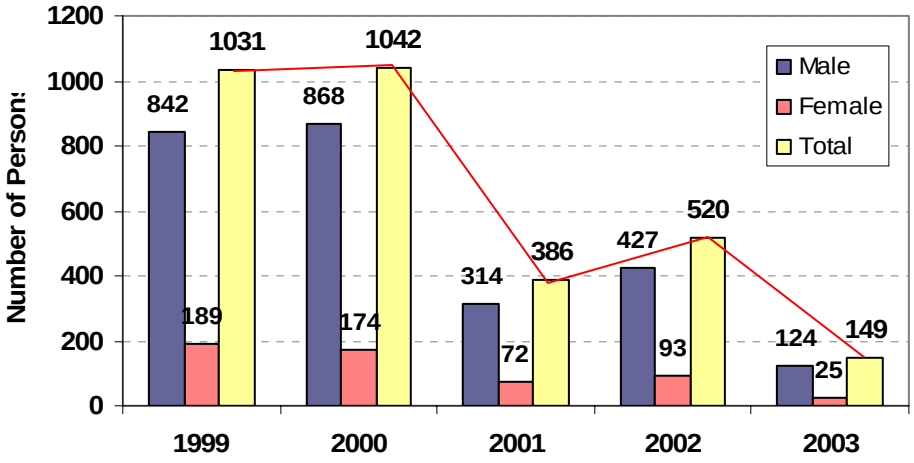
Eligibility applies to Indiana residents who: meet program financial guidelines; are able to provide verification of positive HIV status; are without private or public health insurance; and are determined by a physician to be an appropriate candidate for approved drugs.

Participants are referred to and encouraged to use the services of a Care Coordinator (case manager) whenever possible, so that all their needs may be addressed. Participants may choose or be referred to a primary care physician and other providers. There is no charge to program participants for covered services.

Among the services provided under the CARE Act are the AIDS Drug Assistance Program (ADAP) and the Health Insurance Assistance Plan (HIAP).

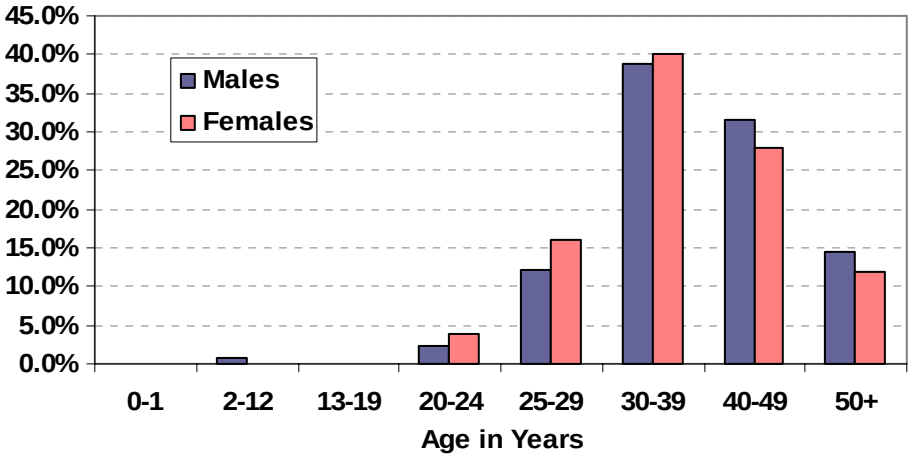
Under ADAP, a total of 149 persons received assistance with the cost for medications in 2003, down from 520 in 2002. Over the past five years, the number of recipients of this assistance program has dropped sharply mainly due to the shift of eligible persons from the ADAP program to the HIAP program. In addition, the Indiana legislature changed the ICHIA enrollment for high-risk pool insurance from a residency requirement of 90 days to 365 days before a person is eligible for medical services, while ISDH changed the requirements for the HIAP program.

Figure 63: Number of ADAP Recipients in Indiana by Year and Sex, 1999-2003



Consistent with the findings for the HIV infected population at large male recipients outnumber their female counterparts fivefold. Figure 64 shows the age distribution by sex for all enrolled ADAP clients.

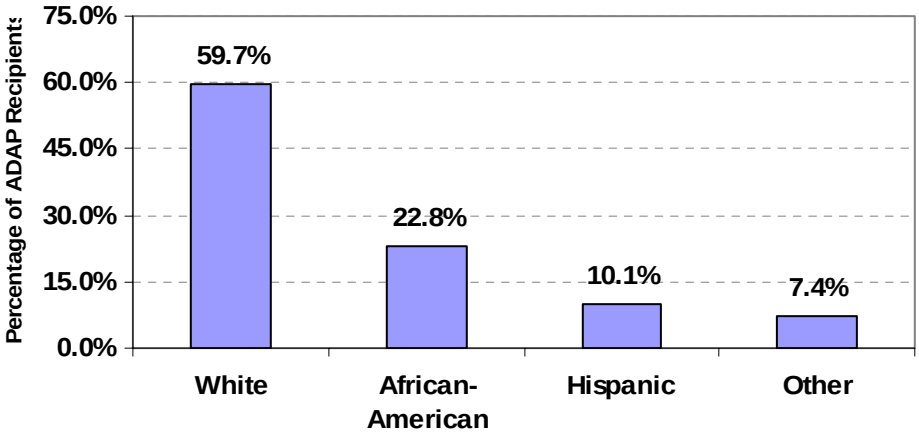
Figure 64: Number of Unduplicated Males and Females by Age Category Enrolled in ADAP, March, 2003 to April, 2004



For the period March, 2003 to April, 2004 there were 124 (83.2%) unduplicated males and 25 (16.8%) unduplicated females enrolled in ADAP. Unduplicated means that no recipient was counted twice, regardless of where the services were provided to a person enrolled in the program. As shown in Figure 64 no real difference age-wise between males and females exists. The majority of enrolled persons were ages 30 to 39, with the group of 40 to 49 year olds in second position.

The racial and ethnic distribution of ADAP recipients has been changing over the past 5 years. Figure 65 shows the racial and ethnic percentage distribution in 2003.

Figure 65: Percent of ADAP Recipients by Race/Ethnicity, 2003



About six out of ten recipients were White in 2003, while Black/African Americans were represented by about 3 out of ten recipients. The following Table 59 shows the trend for the last five years.

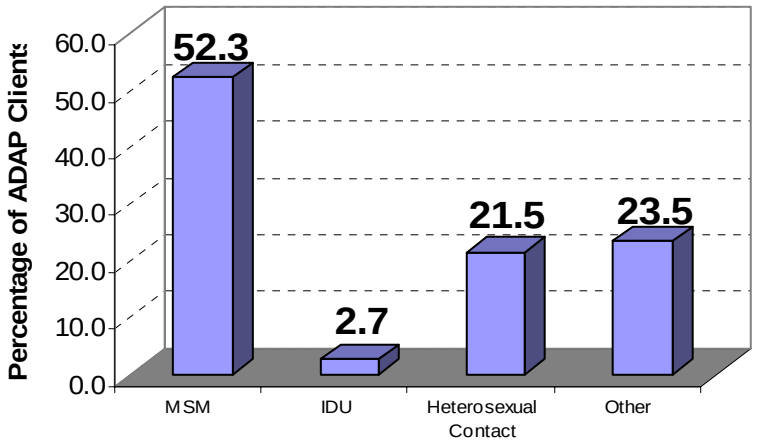
Table 59: Number of ADAP Recipients by Year and Race, 1999-2003

Race/ Ethnicity	1999		2000		2001		2002		2003	
	Number	%	Number	%	Number	%	Number	%	Number	%
White	697	70.9	674	67.5	221	61.0	346	66.5	89	59.7
African American	261	26.6	292	29.2	124	34.3	153	29.4	34	22.8
Other	25	2.5	33	3.3	17	4.7	21	4.0	26	17.4
Hispanic*	48	4.7	23	4.1	24	6.2	39	7.5	15	10.1

*Note: Hispanic can be of any race, Percentages will therefore exceed 100%

Several trends can be seen over the course of the past five years in Table 59. The share of the White recipients continues to decrease to its lowest percentage. At the same time, the percentage of Hispanic recipients has more than doubled since 1999 to its current value of 10.1%. African-Americans remain about the same over the course of that time, while all other races have increased dramatically in 2003. A look at the risk categories will give further insight into the composition of ADAP recipients.

Figure 66: Unduplicated Males and Females Enrolled in ADAP by Risk Factor, March 2003 to April 2004



Over half of all recipients are associated with MSM as their primary risk category, consistent with the distribution of the HIV infected population overall. In terms of CD4 count, Table 60 lists the corresponding percentages.

Table 60: Unduplicated Clients Enrolled in ADAP by CD4 Count Category (March, 2003 to April, 2004)

CD4 Count Category	Unduplicated Clients	Percent
< 200	39	26.2
200-350	34	22.8
351-500	33	22.2
> 500	37	24.8
Unknown	6	4.0
Total	**149**	**100.0**

There are no obvious differences among the recipients based on their CD4 count. Table 60 shows an almost homogenous distribution. In terms of income of the recipients there are definitive differences between the enrolled clients.

Table 61: Unduplicated Clients Enrolled in ADAP by Income Category, March 2003 to April 2004

Income Category	Unduplicated Clients	Percent
< 100% Federal Poverty Level ($8,860)	32	21.5
101%-200% Federal Poverty Level ($8,861 - $17,720)	98	65.8
201%-300% Federal Poverty Level ($17,721 - $26,850)	19	12.8
Total	**149**	**100.0**

The majority of enrolled clients falls into the 100% to 200% bracket of the Federal Poverty Level definitions. In other words, almost 66% of all ADAP clients have an annual income of between $8,861 and $17,720. More than one in five recipients had an income below the Federal Poverty Level of $8,860 in 2003.

Since 1999, the yearly total costs for the ADAP program have decreased more than sevenfold due to the transition of most enrollees to HIAP within the first six months. At the same time, the annual and monthly costs per client have remained steady. Table 62 lists the trends of expenditures for the ADAP program.

Table 62: Program Expenditures for ADAP by Year, 1999-2003

ADAP	1999	2000	2001	2002	2003
Annual cost per client	$3,473	$2,852	$2,422	$2,442	$3,154
Monthly cost per client	$289	$238	$201	$203	$263
Annual cost	**$3,580,504**	**$2,971,846**	**$934,873**	**$1,269,498**	**$470,001**

Table 63 lists the types of medications and drugs that are paid for by ADAP funds for the year 2003/2004. The single largest share of the ADAP budget (94%) has been used for Antiretroviral drugs, while the rest covers medication to combat the side effects and symptoms of the disease.

Table 63: Number of Claims and Expenditures for ADAP Covered Drugs by Category, March 2003 to April 2004

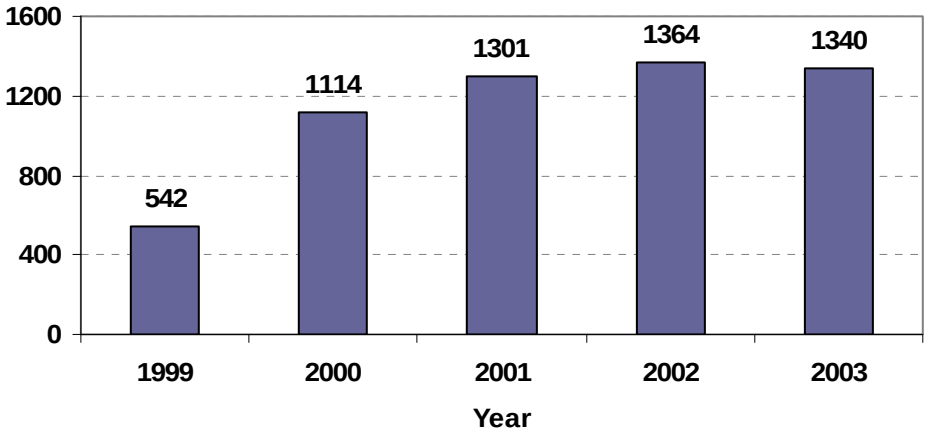
Drug Type	Claims	Expenditures
Antiretroviral	983	$439,497.26
Opportunistic Infection Treatment and Prophylaxis	223	$33,258.94
Hyperlipidemia	13	$1,017.49
Wasting	20	$1,952.93
Other	147	$7,237.84
Total	**1,393**	**$470,001.29**

The costs for immunizations and TB tests are covered under neither the EIP (Emergency Intervention Program) nor the ICHIA program. They are therefore not listed here, nor are these expenditures tracked in this report.

Similar to the ADAP program, the clients enrolled in the HIAP program are predominantly male. In the year from March 2003 to April 2004, 1,340 clients were enrolled in HIAP. Of those 1,133 (or 84.6%) were male, and 207 (or 15.4%) were female.

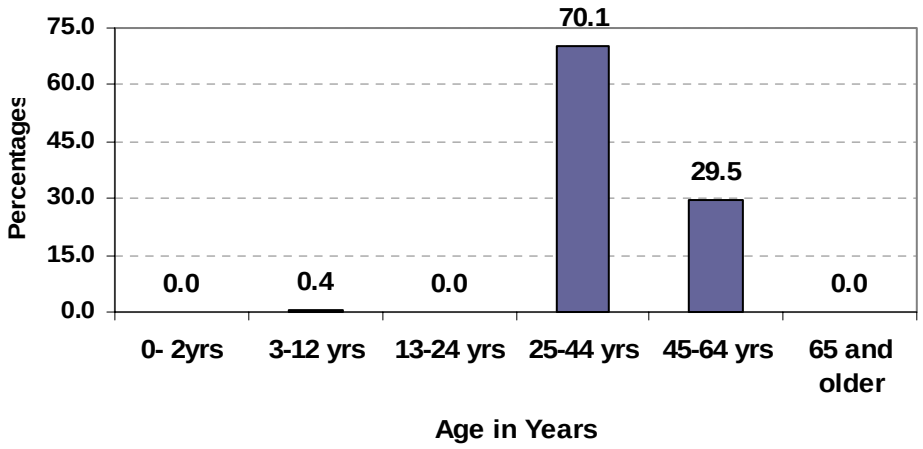
The increase that happened over the past four years since 1999 stopped in 2003. For the first time in five years the number of enrolled clients decreased from the previous year. Figure 67 shows the trend for the past five years in HIAP enrollment.

Figure 67: Number of HIAP Recipients in Indiana by Year, 1999-2003



The distribution of age among the HIAP clients is shown in Figure 68.

Figure 68: Number of HIAP Clients by Age Category, March 2003 to April 2004



About seven out of ten clients are in the age group of 25 to 44 years of age.

In terms of overall costs for the HIAP program, 2003 continues to show increases over the previous year. Table 64 below shows the trend numbers in costs for the past five years.

Table 64: Program Expenditures for HIAP by Year, 1999-2003

HIAP	1999	2000	2001	2002	2003
Annual cost	$819,455	$434,337	$4,335,507	$5,708,890	$7,920,395
Annual cost per client	$1,512	$390	$3,332	$4,185	$5,911
Monthly cost per client	$125	$33	$278	$349	$660

The year 2003 stays consistent in the trend of cost increases over the past five years. In addition, the cost per client on an annual and monthly basis has also increased since the overall number of enrolled clients is slightly lower than the previous year, but the overall costs are up.

Due to increased enrollment, the annual costs for the HIAP program have increased almost tenfold since 1999. The annual and monthly costs per client have grown to only four times their 1999 values. This increase must be viewed, however, in context: from 1999-2001, enrollees experienced some significant difficulties using the new insurance program. These problems resulted in under-utilization of services and lower monthly costs to the program. Additionally, ICHIA premiums increase at approximately 10-12% annually.

Care Coordination Services

Currently (2003) there are 18 Care Coordination site in Indiana that provide health and human services for people living with HIV/AIDS.

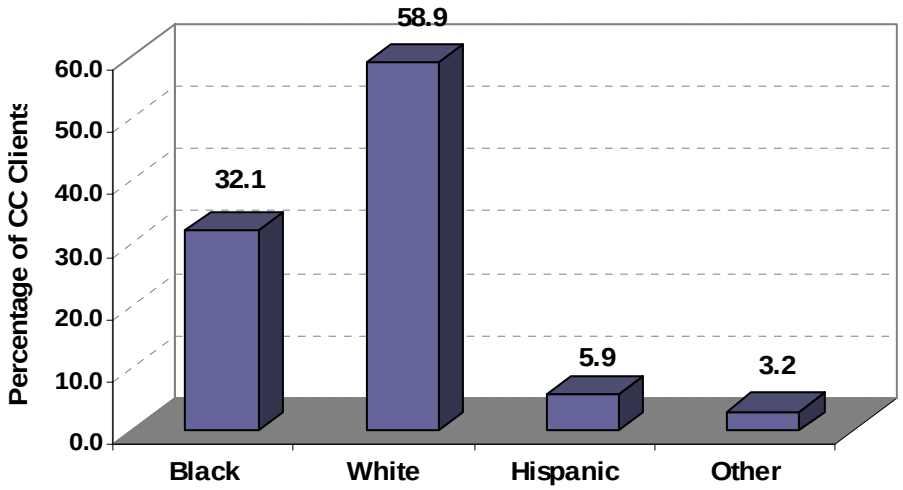
This report will present the demographic characteristics of the persons that use those services. In Table 65, the users of care services are broken out by sex and the quarter in which they used some of Care Coordination services.

Table 65: Care Utilization Services by Gender and Quarter in Percent, 2003

Gender	January - March	April-June	July-September	October - December	Average
Male	78.3%	79.5%	77.8%	77.7%	78.3%
Female	21.7%	20.5%	22.2%	22.3%	21.7%
Total	**2,980**	**2,920**	**2,868**	**2,716**	**2,871**

Consistent with the HIV infected population at large, more than three-quarters of recipients were male in 2003.
In terms of race and ethnicity, the distribution of care recipients is shown in Figure 68.

Figure 69: Care Utilization Services by Race/Ethnicity and Quarter, 2003



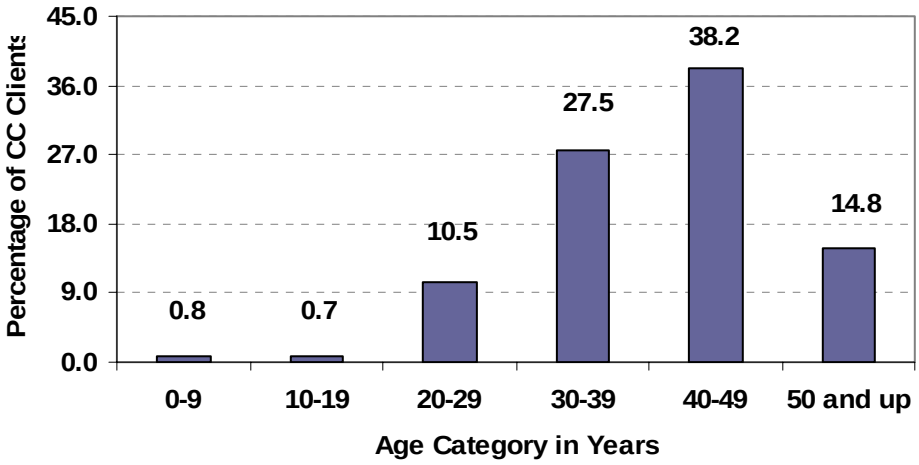
The majority of service recipients was White (58.9%), followed by Black/African-Americans (32.1%). Hispanics are slightly more present in this group than their share in the general population of 3.9%. Table 66 below lists the racial and ethnic percentages by quarter and by race/ethnicity.

Table 66: Care Utilization Services by Race/Ethnicity and Quarter, 2003

Race	Jan. - March	April-June	July-Sept.	Oct. - Dec.	Average
Black	32.4%	31.3%	32.0%	32.5%	32.1%
White	57.9%	60.1%	59.1%	58.3%	58.9%
Hispanic	6.6%	5.3%	5.8%	6.1%	5.9%
Other	3.1%	3.3%	3.1%	3.1%	3.2%
Total	**2,980**	**2,920**	**2,868**	**2,716**	**2,871**

Let's look at the age distribution of those that receive services. Figure 70 shows the percentages of Care Coordination services recipients by age group for 2003.

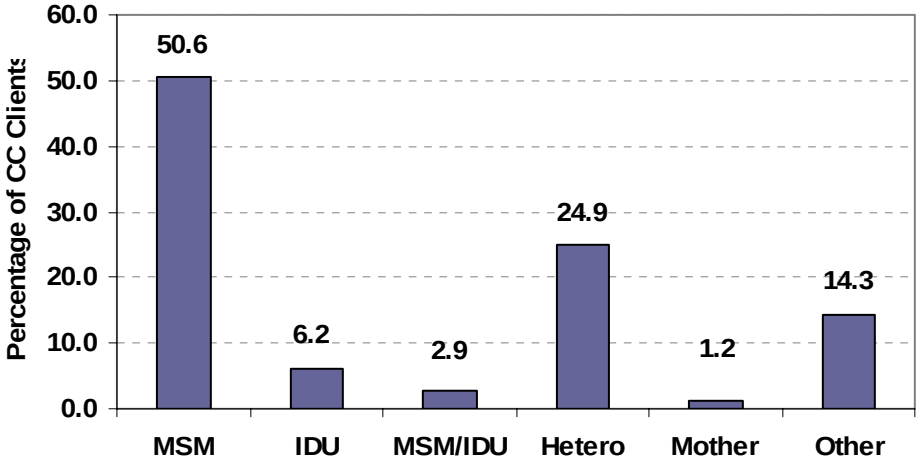
Figure 70: Percentage of Care Coordinator Clients by Age Category, 2003



Almost two-thirds of the recipients are in their thirties and forties, mirroring to the majority of infected persons in the same age categories.

So far the "typical" Care Coordination services recipient is a white male in his forties. Figure 71 will take a look at the distribution of risk categories among the service recipients.

Figure 71: Care Utilization Services by Exposure and Quarter for 2003



More than half of all recipients are associated with MSM as their primary risk category. Again, this distribution is consistent with the risk category distribution of the HIV infected population overall. Table 67 lists the corresponding percentages and totals by risk category and quarter for 2003.

Table 67: Care Utilization Services by Exposure and Quarter for 2003

Exposure	January - March	April-June	July-September	October - December	Average
MSM	51.0	51.0	50.7	49.7	50.6
IDU	6.6	6.2	5.4	6.5	6.2
MSM/IDU	2.5	3.1	3.0	2.8	2.9
Hetero	26.2	23.0	24.9	25.5	24.9
Mother	1.1	1.2	1.2	1.1	1.2
Other	12.5	15.6	14.7	14.4	14.3
Total	**2980**	**2920**	**2868**	**2716**	**2871**